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# CLASSIFICATION OF DEFECTIVE DELINQUENTS<sup>1</sup>

BY EDGAR A. DOLL<sup>2</sup>

The recent work of Dr. Henry A. Cotton on the effects of toxemia in relation to instability, psychopathic conditions and psychoses has an important bearing for the study of delinquents. In the institutional care and treatment of delinquents there is no disciplinary problem so difficult as that of the unstable types. The researches of Dr. Cotton and others indicate clearly that in a large proportion of cases such instability is the result of toxemia caused by infections of the teeth, tonsils or gastro-intestinal tract.

Additional light on the understanding of unstable delinquents is obtained from the recent work of Dr. Goddard at the Bureau of Juvenile Research at Columbus, Ohio, which has showed that in about 20 per cent of the juvenile delinquents coming under the attention of the Bureau there is instability of behavior which seems to be explained by the presence of congenital syphilis.

As a result of these two new contributions we are now able to recognize constitutional instability, whether affecting emotion, temperament or behavior, as one of the determining factors in the scientific classification of defective delinquents. This instability may be found associated with feeble-mindedness or with intellectual normality. It may also be present in the occasional offender and in the habitual or repeating offender. It is not necessary to recognize it in combination with epilepsy or psychosis or other psychopathic condition, because these conditions usually show instability as one of the principal symptoms.

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NOTE: This classification has been developed as a co-operative product in the New Jersey State Department of Institutions and Agencies. While I assume full responsibility for the formulation of this presentation, the material for the classification has been obtained from discussions with members of the Department and with heads of the New Jersey state institutions, including particularly Commissioner Burdette G. Lewis, Mr. E. R. Johnstone, Dr. Henry A. Cotton, Mr. W. J. Ellis, Dr. Paul B. Means and Mr. Calvin Derrick. This classification represents a general agreement on classification policies between the New Jersey Psychiatric Clinic and the Superintendents of State correctional institutions.

<sup>1</sup>Read before the American Association for the Study of the Feeble-Minded, May 24, 1921.

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The important phase of this work from the standpoint of treatment of juvenile delinquents, lies in the fact that much of the abnormality of behavior can be overcome by proper medical treatment of the constitutional basis for the instability of conduct. Among the cases of congenital syphilis, however, the outlook is not so promising as for the other types.

Recognizing these conditions, the Psychiatric Clinic of the New Jersey State Hospital, which has been conducting studies in the field of criminality and delinquency, has been called upon to develop a scientific classification of defective delinquents with recommendations for treatment and care. The report of the Clinic has received the unqualified endorsement of the heads of correctional institutions in the state of New Jersey. Because of this favorable reception and because of the comparative recency of the concept of instability as applied to the delinquent, the classification adopted is offered for publication as a basis for discussion which other states might use in improving conditions for the care and treatment of defective delinquents.

A scientific classification of the several types of defective delinquents emphasizes the diverse characteristics of these offenders and indicates the special institutions, whether correctional, custodial, training, or therapeutic, in which the welfare of the individuals can most effectually be administered.

There are two classes of offenders, the occasional and the habitual. There are three major types of mental defectiveness, feeble-mindedness, epilepsy and insanity. There are also two emotional groups, the constitutionally stable and unstable. At the present time the problems of the feeble-minded and unstable delinquents are most pressing and are made the subject of this discussion. The recommendations herein advanced for the disposition of the feeble-minded and unstable delinquents can be extended in principle for the insane and epileptic types as well.

Perhaps these contrasted terms merit further elaboration. By occasional offender we mean the passive type of delinquent who is more a victim of circumstances or poor judgment than of deliberate willful intent. An occasional offender in this sense may be a repeater or a first offender, who is amenable. By habitual offender we mean a repeating offender who wilfully offends from more or less deliberate choice, or as a result of temperamental antagonism. Such cases are usually non-amenable or "incurable" until after long discipline or after reformatory or medical treatment. Feeble-mindedness or instability is usually of secondary importance in these cases as compared

with temperament. In psychological terms the occasional offender is volitionally inactive (involuntary offender) while the habitual offender is volitionally active (voluntary offender).

The term constitutionally unstable need not be limited to emotional instability alone, but includes instability of temperament, and through these produces volitional instability or unstable behavior. A better psychological term would be affective instability. Constitutional instability is used to imply that the affective disturbance is presumably caused by constitutional (psychological) forces rather than by choice, habit or environment.

On the intellectual side, normality of intelligence uncomplicated by constitutional instability is for the moment ignored, because the discussion is confined to defective delinquents. A more complete classification of all delinquents would need to consider the degrees and types of mentally normal delinquents and include defects of character or personality. The term defective delinquents is used in the usual connotation to include delinquents who are intellectually defective or emotionally defective, or both.

Of course there are degrees of instability and of anti-social conduct just as there are degrees of intelligence level and defect. It is only for the sake of clarity that we have considered just the obvious extremes. A more elaborate classification is encouraged rather than prohibited by the present outline.

With respect to the three factors, delinquency, feeble-mindedness and instability, we may recognize six delinquent types as follows:

1. The feeble-minded stable occasional offender (in whom the delinquency is principally a symptom or natural consequence of the inferior judgment, reasoning and suggestibility of the feeble-minded type).

2. The feeble-minded unstable occasional offender (in whom the delinquency is principally the result of feeble-mindedness combined with temperamental instability).

3. The feeble-minded stable habitual offender (the "incurable" type whose repeated delinquency may be the consequence of environment, training, or moral perversity, in addition to feeble-mindedness).

4. The feeble-minded unstable habitual offender (in whom the delinquency may be the result of special causes in addition to feeble-mindedness or instability).

5. The unstable non-feeble-minded occasional offender (in whom the delinquency is a symptom or natural consequence of constitutional instability).

6. The unstable non-feeble-minded habitual offender (in whom the delinquency is the result of special causes in addition to constitutional instability).

These six classes are developed on the recognized fact that feeble-mindedness alone or constitutional instability alone are not all-sufficient causes of delinquency. It is recognized that unfortunate influences of environment, home training, bad associations, and the many other causes of delinquency which might be enumerated, are operative upon the feeble-minded and the constitutionally unstable, just as they are operative upon the intellectually normal and the constitutionally stable individuals. Or the delinquency may be caused by peculiarities of temperament or personality, over and above feeble-mindedness or instability. In other words, a feeble-minded person may be actively social or anti-social just as a non-feeble-minded person is so. And similarly the constitutionally unstable person may be actively social or anti-social in the same way as an intellectually normal person or a constitutionally stable person. In other words, a defect of personality, temperament, character, or morality may be more serious than feeble-mindedness in accounting for the delinquency of a feeble-minded offender, and similarly for constitutional instability.

It is recognized that in every case of delinquency associated with mental defect, either as feeble-mindedness or as constitutional instability, such a defective delinquent can be classified into one of the six above-mentioned groups as a result of the scientific investigations and examinations now being made by psychological, psychiatric, medical and social investigators. It is therefore recommended that in the procedures now called for by the classification systems in correctional institutions every feeble-minded or constitutionally unstable delinquent be classed in one of the above six groups as may be determined by the facts of the individual cases.

In order that these several classes may be properly cared for when recognized, it is important that the responsibilities of the several types of state institutions be clearly recognized for the specific purpose of relieving the correctional institutions of types of cases for which they cannot now or under any permanent plan give the treatment needed by the individual cases. For these purposes the assistance of the non-correctional institutions, particularly the institutions for the feeble-minded and the state hospitals, must be solicited in providing the proper care and treatment for such inmates of correctional institutions as might properly be transferred to them under the policy herein provided.

It is therefore recommended:

1. That the training schools for feeble-minded be designated as the proper places for the custody, care and treatment of the feeble-minded occasional offenders who are of trainable age, type and habits.

2. That farm and industrial colonies for adult feeble-minded be designated as the proper places for the custody, care and treatment of the feeble-minded stable occasional offenders who are above the helpless idiot grade and who because of age, type or other condition, do not require training other than that provided in a colony for feeble-minded.

3. That custodial institutions or colonies be designated as the proper places for the custody, care and treatment of the feeble-minded stable occasional offenders who because of age, type, or other condition are not suitable for training at the training schools or for work at the colonies.

4. That the hospitals for the insane be designated as the proper places for the custody, care and treatment of constitutionally unstable offenders whether occasional or habitual offenders, and whether feeble-minded or non-feeble-minded, and, further, that at such time as the instability shall have been cured as a result of hospital treatment these delinquents shall then be sent back to the correctional institutions, from which they were received, for reclassification as stable delinquents.

5. That the correctional institutions now designated by the courts, in the individual cases, continue to be designated as the proper places for the custody, care and treatment of all delinquents, who do not belong in the four classes just mentioned, and are not epileptic or insane, and of all the feeble-minded stable habitual offenders, until such time as they are suitable for parole from the standpoint of social reformation and proper self-control, that is, until the tendency toward delinquency, which is assumed to be the result of other forces than constitutional instability or feeble-mindedness, has been overcome; and further that at such time as these feeble-minded habitual offenders are suitable for parole as being no longer likely to continue delinquent, these cases be considered as occasional offenders and be transferred to the appropriate institution as indicated in the preceding designations.

6. That if at any time it shall be determined that a feeble-minded delinquent is sufficiently competent, industrious, stable and socially amenable to be capable of self-management and self-support independently of custodial supervision in spite of feeble-mindedness, he may then be paroled to the community under close parole supervision.

7. That community welfare agencies be encouraged to obtain such legislation as may be necessary to render these recommendations legally possible.

It is recognized that at the present time most state institutions are more or less crowded, and that the facilities for transfer sometimes afforded by law cannot be taken advantage of because of lack of facili-

ties or space in the non-correctional institutions for the care of such cases as might be recommended for transfer to these institutions. It is also recognized, however, that at the present time some cases are improperly placed in the several types of institutions and that exchanges might be made. For example, the state hospitals may have some patients who are feeble-minded without being psychopathic or delinquent. Similarly, in the feeble-minded institutions there may be some feeble-minded who are habitual delinquents, unstable or psychopathic.

Until such time as better facilities can be provided in the non-correctional institutions for the types of cases which should properly be sent to them from the correctional institutions, it may be necessary for each correctional institution to make special provision for the care and treatment of the defective delinquents within the correctional institutions. To accomplish this, it is recommended that the procedures provided by this classification system be utilized in the correctional institutions to the fullest extent, and that the defective delinquents be segregated within the correctional institutions. These groups within the institution should be subject to substantially the same housing and care as the non-defective inmates. The feeble-minded and unstable inmates, however, should be given such medical treatment and such special types of educational, industrial and moral training as may be required by the several types and degrees of defect presented.<sup>3</sup> Such a classification will undoubtedly materially simplify both the disciplinary and training activities of the correctional institutions. Distinctions should be made between the stable and the unstable, between the occasional offender and the recidivist, between the industrious and non-industrious, between the temperamentally active and the temperamentally inactive.

The proper training methods of the care of these types are amply presented in the literature on the education and training of these several types of mental defectives and may be seen in operation in typical institutions. These cases should be retained in the correctional institution subject to correctional and training influences until such time as they are suitable for parole from the standpoint of social conduct. At this time, assuming that they are capable of self-management from the standpoint of social conformity, these cases should be reclassified to determine whether they individually have sufficient competence and industry to be capable of self-support. Those who are industrially competent and socially conformable should be paroled under some form of

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<sup>3</sup>In some states it may be found practical to provide treatment and training at the correctional institution or under its direct supervision instead of by appealing to other state agencies as herein recommended.

community control and supervision. If they are judged to be incompetent of self-management and self-support, they should be sent to the appropriate institution designated for the special types which they may represent.<sup>4</sup> If this cannot be done and for lack of adequate provision these mental defectives must be paroled, because of expiration of sentence, then the parole should not be made without protest by the paroling body or officer to the appropriate authorities. These protests will serve as information for the proper executive and legislative branches of the state government. Such action will serve not only to protect the correctional institutions from public criticism, but will also serve to advertise the need for immediate provision for these cases.

It should be emphasized that this plan must be adapted to local conditions. The recommendations, while definite, are purposely rather general instead of specific. The specific application must be worked out locally, according to the numbers of cases, types of institutions, legal control and diagnostic facilities.

Under certain conditions it will be possible to expand the classification along the general principal indicated so as to include finer variations. The classification might also be expanded in the direction of non-defective delinquents for the classification of total institutional population.

In particular it may be advisable to distinguish several types of constitutional instability according to etiology and special symptoms. It is possible to recognize at least five distinct types of instability, namely:

(1) *Instability caused by toxemia through focal infection.* This type of instability usually responds to operative treatment for removing the foci of infection, such as infected teeth, infected tonsils, or infected gastro-intestinal tract. In the case of actual psychosis associated with toxemic instability the usual psychiatric classifications might be applied.

(2) *Instability as the result of congenital syphilis.* This type has been particularly demonstrated by the work of Goddard in Ohio, where

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<sup>4</sup>It may sound paradoxical to speak of mental defectives as capable of self-control and self-support. The social criterion of feeble-mindedness rests on mental incapacity for self-control and self-support, and this social incapacity is presumed to be incurable. As a matter of fact some types and degrees of feeble-mindedness do seem capable of social and industrial improvement under corrective treatment and training. This is well demonstrated by the work of Bernstein in New York State. These defectives will never be completely self-supporting, except under some form of supervision. Social independence is a relative matter, and the point to be insisted upon here is that some feeble-minded will not always need the custodial supervision of an institution, and they may be paroled to some form of community supervision without the necessity of state support.



a large percentage of conduct disorder has been shown to be causally related to disorders of the nervous system as the result of hereditary syphilitic infection. At the present time this condition is not known to respond to treatment. Although the blood and spinal fluid may come to react negatively to the usual serum tests, there is said to be seldom any change in the conduct of these unstable types.

(3) *Instability which is symptomatic of the epileptic personality or epileptic equivalents.* This condition is seldom recognized as potential epilepsy except by physicians of long experience in the care and treatment of epileptics. The diagnosis of epileptic equivallence serves to explain some instability of conduct which is not explained on any other basis and leads to the better understanding of the individual. This condition is said to respond to mental hygiene and occupational therapy rather than to medical or operative treatment.

(4) *Instability as the result of disturbance of the glands of internal secretion.* Such disturbance may itself be the indirect result of toxemia which upsets the normal balance of endocrine system. Certain types of instability of this character will respond to therapeutic or operative treatment. Other types are not sufficiently well recognized for successful medical treatment.

(5) *Instability as the result of improper environment, lack of parental discipline, lack of restraint and various other psycho-genic influences.* The diagnosis of this psycho-genic instability ought never to be made unless the preceding four types of instability have been eliminated. The psycho-genic factors are usually more obvious than the physiological factors, and it is easy to make a mistake in diagnosis. This type of instability will usually respond to therapeutic education. A return to normal mental habits and right thinking may frequently be brought about through psychoanalysis.

By the comprehensive use of psychological tests it will usually be possible to make a satisfactory diagnosis of constitutional instability. At the present time, however, psychologists are not able to differentiate the different types of instability on the basis of test results alone. It will therefore be advisable for the psychologists to leave the sub-classification of unstable types to the physician, since this is essentially a medical matter.

The development of this classification of defective delinquents to include psychopathic conditions such as the insanities and frank epilepsies needs no particular addition here. If a diagnosis of defective delinquency is made on the basis of insanity or epilepsy, the sub-classification as to type of insanity or type of epilepsy may be made in terms of the present standard categories.

## OUTLINE OF CLASSIFICATION AND DISPOSITION

<i>Type of Offender</i>	<i>Symptoms</i>	<i>Disposition</i>
Feeble-minded stable occasional	Feeble-mindedness predominant; defective temperament or environment secondary.	Training schools for those of trainable age and type; colonies for industrial adults; custodial institutions for helpless, low-grade and aged.
Feeble-minded unstable occasional	Instability predominant; low mentality secondary; temperament or environment tertiary.	State hospitals until cured of instability; then to appropriate feeble-minded institutions as above.
Feeble-minded stable habitual	Delinquency predominant; temperament or environment primary; feeble-mindedness secondary.	Correctional institutions under special segregation until reformed; then to feeble-minded institution as above.
Feeble-minded unstable habitual	Delinquency and instability predominant; defective temperament and environment primary; instability secondary; feeble-mindedness tertiary.	State hospitals until cured of instability; then back to correctional institution for reclassification; then to appropriate feeble-minded institution.
Non-feeble-minded unstable occasional	Instability predominant; defective temperament or environment secondary.	State hospitals until cured of instability; then back to correctional institution for reclassification or parole.
Non-feeble-minded unstable habitual	Delinquency and instability predominant; defective temperament and environment primary; instability secondary.	State hospitals until cured of instability; then back to correctional institution for reclassification or parole.

Etiological Sub-Classification  
 of Types of Instability

{ Toxemic  
 Congenitally Syphilitic  
 Epileptoid  
 Endocrinopathic  
 Environmental